

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 United Way of Central Illinois Inc

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1999 West Wabash Avenue Suite 107

City or town, state or country, and ZIP + 4
 Springfield, IL 62704

D Employer identification number
 37-0716060

E Telephone number
 (217) 726-7000

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.uwcil.org

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number: _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 3,749,276

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	3,113,434		
c	Indirect public support (not included on line 1a)	1c	234,333		
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 3,347,767 noncash \$ _____)	1e		3,347,767	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		48,090	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		250,530	
5	Dividends and interest from securities	5			
6a	Gross rents	6a	6,980		
b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a	6c		6,980	
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a		8a	
c	Gain or (loss) (attach schedule)	8b	91,037	8b	91,037
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	-91,037	8c	-91,037
8d					
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11		95,909	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		3,658,239	
13	Program services (from line 44, column (B))	13		2,616,120	
14	Management and general (from line 44, column (C))	14		293,566	
15	Fundraising (from line 44, column (D))	15		261,385	
16	Payments to affiliates (attach schedule)	16		28,224	
17	Total expenses Add lines 16 and 44, column (A)	17		3,199,295	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		458,944	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		6,764,791	
20	Other changes in net assets or fund balances (attach explanation)	20		71,535	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		7,295,270	

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 1,609,998 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,609,998	1,609,998	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	290,109	3,548	123,529
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	113,048	113,048	
27 Pension plan contributions not included on lines 25a, b and c	27	10,582	10,582	
28 Employee benefits not included on lines 25a - 27	28	18,766	18,766	
29 Payroll taxes	29	27,657	9,583	8,112
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	8,311	1,125	5,564
34 Telephone	34	5,950	2,016	1,873
35 Postage and shipping	35	6,307	170	3,196
36 Occupancy	36	57,445	17,096	35,015
37 Equipment rental and maintenance	37	10,768	1,295	8,310
38 Printing and publications	38	6,291	817	3,749
39 Travel	39	6,925	1,623	3,710
40 Conferences, conventions, and meetings	40	7,269	1,247	2,347
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	17,240		17,240
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,171,071	2,616,120	293,566
				261,385

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? MOBILIZING RESOURCES TO MEET COMMUNITY NEEDS <small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</small>
a NURTURING CHILDREN & YOUTH- ENSURING HEALTHY DEVELOPMENT, POSITIVE VALUES AND SKILLS FOR CHILDREN & YOUTH FOSTERING INDEPENDENCE- HELPING SENIORS AND THOSE WITH SPECIAL NEEDS INCREASE THEIR SELF-SUFFICIENCY AND MAINTAIN THEIR INDEPENDENCE STRENGTHENING FAMILIES- PROVIDING SOCIAL, EMOTIONAL AND ECONOMIC SUPPORT AND STABILITY FOR FAMILIES RESPONDING TO BASIC NEEDS- PROVIDING A SAFETY NET FOR INDIVIDUALS AND FAMILIES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,616,120
b _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,616,120

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		350	45	350	
	46 Savings and temporary cash investments		2,258,972	46	2,433,451	
	47a Accounts receivable	47a	72,511			
	b Less allowance for doubtful accounts	47b		60,999	47c	72,511
	48a Pledges receivable	48a	1,684,473			
	b Less allowance for doubtful accounts	48b	210,177	1,932,555	48c	1,474,296
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			8,004	53	7,362
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			11,389	54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			3,624,657	56 <input type="checkbox"/>	4,360,618	
57a Land, buildings, and equipment basis	57a	194,358				
b Less accumulated depreciation (attach schedule)	57b	62,151	109,538	57c <input type="checkbox"/>	132,207	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			447,594	58 <input type="checkbox"/>	454,397	
59 Total assets (must equal line 74) Add lines 45 through 58			8,454,058	59	8,935,192	
Liabilities	60 Accounts payable and accrued expenses		63,795	60	44,320	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)			1,625,472	65 <input type="checkbox"/>	1,595,602
66 Total liabilities Add lines 60 through 65			1,689,267	66	1,639,922	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		4,747,938	67	4,787,286	
	68 Temporarily restricted		1,594,467	68	1,411,018	
	69 Permanently restricted		422,386	69	1,096,966	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			6,764,791	73	7,295,270
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			8,454,058	74	8,935,192

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued)
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					48,090
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	250,530	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	6,980	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-91,037
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a ADMINISTRATIVE FEE					77,095
b MISCELLANEOUS					18,814
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				257,510	52,962
105 Total (add line 104, columns (B), (D), and (E))					310,472

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103	THE OTHER REVENUE SOURCES CONTRIBUTED TO THE ATTRACTION AND COORDINATION OF VOLUNTEERS TO SOLICIT FUNDS AND TO THE ADMINISTRATION PROCESS OF DISTRIBUTING FUNDS TO THE VARIOUS NON-PROFIT ENTITIES SERVED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).





Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	***** Signature of officer	2008-05-22 Date
	John Kelker PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  Randy Ragan	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  RSM McGladrey Inc PO Box 159 Springfield, IL 627050159			EIN  Phone no  (217) 522-3000

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

Name of the organization
United Way of Central Illinois Inc

Employer identification number

37-0716060

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		No
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing property?	2a		No
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,872,821	2,769,472	2,816,716	2,735,238	11,194,247
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	194,923	456,284	107,755	101,232	860,194
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	196,489	182,945	199,725	159,404	738,563
23 Total of lines 15 through 22	3,264,233	3,408,701	3,124,196	2,995,874	12,793,004
24 Line 23 minus line 17	3,264,233	3,408,701	3,124,196	2,995,874	12,793,004
25 Enter 1% of line 23	32,642	34,087	31,242	29,959	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 255,860
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 354,140
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 12,793,004
d Add Amounts from column (e) for lines 18 860,194 19 0 22 26 b 354,140					26d 1,952,897
e Public support (line 26c minus line 26d total)					26e 10,840,107
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 8473 46 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines 15 16 _____ 17 20 _____ 21 _____					27c _____
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Part III Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV Summary: 21 Listed property, 22 Total, 23 For assets shown above.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Question, Yes/No. Includes rows 37-41 and a Note.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Additional Data

Software ID:
Software Version:
EIN: 37-0716060
Name: United Way of Central Illinois Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a SECA CAMPAIGN EXPENSES	43a	23,383			23,383
b REAL ESTATE TAXES	43b	4,989		4,989	
c SPECIAL EVENTS	43c	14,607	290	4,876	9,441
d ORGANIZATION DUES	43d	1,204	25	824	355
e MISCELLANEOUS	43e	31,641		31,641	
f MARKETING & ADVERTISING	43f	14,305	3,304	2,185	8,816
g STATE ASSOCIATION DUES	43g	7,657		7,657	
h DONOR DESIGNATIONS	43h	819,577	819,577		
i CAMPAIGN PRINTING AND SUPPLIES	43i	22,038			22,038
j PROFESSIONAL FEES	43j	35,004	2,010	28,749	4,245

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN KELKER 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	PRESIDENTCPO 48 00	90,312	12,605	0
PATRICIA HUGHES 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	CAMPAIGN DIR 50 00	12,911	2,613	0
ROBERT BORCHERDING 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	FINANCE DIR 50 00	61,557	13,512	0
JACK DYER 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	LIASON 1 00	7,737	774	0
SARAH WOLAN 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	COMM IMPACT DIR 50 00	19,345	3,724	0
GENE WILKINSON 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
HARRY MITCHELL 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Immed Past Chairman 1 00	0	0	0
Ava Carpenter-McPike 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
CAROLYN BLACKWELL 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 2 00	0	0	0
JOE BRETZ 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Randy Germeraad 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
ROBERT CLARKE 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 2 00	0	0	0
Lora Huebner 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
CAROLE BRITTON 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
Mike Johnson 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
JAMES DOVE 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
MARK FERGUSON 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
Daryl Morrison 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
TOM GIHL 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Treasurer 1 00	0	0	0
JOHN ECK 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Eric O schwald 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
Pat Phalen 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
SYLVIA MILLER 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Chair of the Board 1 00	0	0	0
AMY PERRIN 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
AL PIEPER 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 2 00	0	0	0
RICHARD RINGEISEN 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
DIANE RUTLEDGE 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Chair-Elect 1 00	0	0	0
Gary Plummer 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
RACHEL Pennell 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 2 00	0	0	0
ERNIE SLOTTAG 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Stephen Povse 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
TOM ROY 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
Tim Ryerson 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
SUSAN WALLACE 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Secretary 2 00	0	0	0
KAREN WOODS 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
DANIEL WRIGHT 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 1 00	0	0	0
Charlotte Warren 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	DIRECTOR 2 00	0	0	0
Emily Rabin 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Campaign Dir 50 00	33,081	5,426	0
Sarah Tapscott 1999 WEST WABASH AVENUE SUITE 107 SPRINGFIELD,IL 62704	Comm Impact Dir 50 00	23,250	3,262	0

TY 2007 Cash Grants Paid Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Class of Activity	Recipient's name	Address	Amount	Relationship
	AMERICAN RED CROSS	PO BOX 1058 SPRINGFIELD, IL 62705	70,649	
	BIG BROTHERBIG SISTER OF SANG CTY	44 SOUTH GRAND AVE WEST SPRINGFIELD, IL 62704	56,409	
	BOYS & GIRLS CLUB OF SPRINGFIELD	PO BOX 2592 SPRINGFIELD, IL 62708	145,208	
	BOY SCOUTS OF AMERICA- A LINCOLN	1911 WEST MONROE STREET SPRINGFIELD, IL 62708	49,642	
	CATHOLIC CHARITIES OF SPRINGFIELD	120 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	197,441	
	CENTRAL ILLINOIS FOOD BANK	PO BOX 8228 SPRINGFIELD, IL 62791	62,006	
	FAMILY SVC CENTER OF SANG CTY	1308 SOUTH SEVENTH STREET SPRINGFIELD, IL 62703	43,529	
	GIRL SCOUTS LOL COUNCIL	3020 BAKER DRIVE SPRINGFIELD, IL 62703	65,754	

Class of Activity	Recipient's name	Address	Amount	Relationship
	HELPING HANDS OF SPRINGFIELD	200 SOUTH ELEVENTH STREET SPRINGFIELD, IL 62703	38,869	
	LOL GOODWILL INDUSTRIES	PO BOX 8528 SPRINGFIELD, IL 62703	30,917	
	LOL LEGAL ASSISTANCE	730 EAST VINE STREET SPRINGFIELD, IL 62703	15,001	
	LUTHERN CHILD & FAMILY SVCS	431 SOUTH GRAND AVE WEST SPRINGFIELD, IL 62704	14,166	
	MERCY COMMUNITIES INC	108 EAST COOK STREET SPRINGFIELD, IL 62703	65,006	
	MINI O'BEIRNE CRISIS NURSERY	1011 NORTH ELEVENTH STREET SPRINGFIELD, IL 62702	27,368	
	THE PARENT PLACE	314 SOUTH GRAND AVE WEST SPRINGFIELD, IL 62704	45,195	
	PORA	GENERAL DELIVERY SPRINGFIELD, IL 62702	5,222	

Class of Activity	Recipient's name	Address	Amount	Relationship
	PRAIRIE CTR AGAINST SEXUAL ASSAULT	110 WEST LAUREL AVENUE SPRINGFIELD, IL 62704	38,653	
	RUTLEDGE YOUTH FOUNDATION	534 WEST MILLER STREET SPRINGFIELD, IL 62702	53,434	
	SENIOR SVCS OF CENTRAL IL	701 WEST MASON STREET SPRINGFIELD, IL 62702	63,221	
	SOJOURN SHELTER & SERVICES	1800 WESTCHESTER BLVD SPRINGFIELD, IL 62704	119,556	
	SPARC	232 BRUNS LANE SPRINGFIELD, IL 62702	43,875	
	SPFLD URBAN LEAGUE	PO BOX 3865 SPRINGFIELD, IL 62708	62,472	
	UNITED CEREBRAL PALSY	130 NORTH SIXTEENTH STREET SPRINGFIELD, IL 62702	50,230	
	YMCA	PO BOX 155 SPRINGFIELD, IL 62705	76,051	

Class of Activity	Recipient's name	Address	Amount	Relationship
	YOUTH SERVICE BUREAU	2901 NORMANDY ROAD SPRINGFIELD, IL 62703	127,271	
	Habitat for Humanity	320 N Dirksen Parkway SPRINGFIELD, IL 62702	32,003	
	Kids Hope United	3 Old State Capitol Plaza SPRINGFIELD, IL 62701	10,850	

TY 2007 Investments - Other Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Book Value	Cost/FMV
MUTUAL FUNDS	4,360,618	F

TY 2007 Land etc. Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDING IMPROVEMENTS	112,625	5,000	107,625
FURNITURE & EQUIPMENT	81,733	57,151	24,582

TY 2007 Other Assets Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Beginning of Year Amount	End of Year Amount
INTEREST RECEIVABLE	25,208	28,907
BENEFICIAL INTEREST IN PERPETUAL TRUSTS	422,386	425,490

TY 2007 Other Changes in Net Assets Schedule**Name:** United Way of Central Illinois Inc**EIN:** 37-0716060

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	71,535

TY 2007 Other Expenses Included Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Amount
Loss on Disposal of Assets	91,037

**TY 2007 Other Expenses
Not Included Schedule**

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Amount
DONOR DESIGNATIONS	819,577

TY 2007 Other Liabilities Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Beginning of Year Amount	End of Year Amount
DESIGNATIONS PAYABLE	875,016	790,603
ALLOCATIONS PAYABLE	750,456	804,999

TY 2007 Other Revenues Included Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Amount
Loss on Disposal of Assets	91,037

**TY 2007 Other Revenues
Not Included Schedule**

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	Amount
DONOR DESIGNATIONS	819,577

TY 2007 Payments to Affiliates Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Name	Address	Amount	Purpose
UNITED WAY OF AMERICA		28,224	NATIONAL DUES

TY 2007 Other Income Schedule

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Description	2006	2005	2004	2003	Total
OTHER REVENUE	196,489	182,945	199,725	159,404	738,563

TY 2007 Scholarship Award Statement

Name: United Way of Central Illinois Inc

EIN: 37-0716060

Statement: ORGANIZATIONS APPLY TO THE UNITED WAY TO RECEIVE FUNDS.
A COMMITTEE OF VOLUNTEERS RESEARCHES EACH OF THE
APPLICANTS AND MAKES RECOMMENDATIONS TO THE UNITED
WAY BOARD OF DIRECTORS.